

Availability:

Date: \_\_\_\_\_

Course Title:							
Term: 🛛 FALL [Aug	Dec.] 🛛	SUMME	R [May-Au	igust] 🗆 :	SPRING [	Jan-May]	Year:
Your Name:	our Name: Home Phone:						
Address:							
	[# - Street - Apt./Condo.# - City - State - Zip Code]						
Work Phone:		_Cell Ph	one:	Pager:			
Fax#:		_ E-mail	address: _				
SCHEDULING INFORMATION: Number of Sessions: Hours, per Session:						ssion:	
Preferred Day[s]:	ПМ	ПΤ	ΠW	🗆 R	ΠF	□s	ΠU
Preferred Time[s]:	□ AM: _	: 🗆 Afternoon: 🗆 Evening:					
Preferred Month[s]:		ARY 🗆 F	EBRUARY				IAY 🗆 JUNE
		ST 🗆 SE	PTEMBER	🗆 ОСТОВ	ER 🗆 NO	VEMBER	
Specific Day-Date-Tim	ne Reques	t:					

## Preferred Teaching Location(s):

Oakton Des Plaines Campus, 1600 East Golf Road, Des Plaines	M-F, and weekends
Oakton Ray Hartstein Campus, 7701 N. Lincoln Ave, Skokie	M-F, and weekends
Evanston Township High School, 1600 E. Dodge, Evanston	Tu & Th evenings
<u>Glenbrook South High School</u> , 4000 Lake Ave, <b>Glenview</b>	Tu & Th evenings
Maine East High School, 1111 S. Dee Road, Park Ridge	Tu & Th evenings
Niles North High School, 9800 Lawler Ave, <b>Skokie</b>	M & W evenings

[continued]

Course Title:

Brochure Course Description: [Content summary, and how students will benefit from taking this course?]							
Topical Outline of course:							
Classroom needs:							
Set-up:							
Equipment:							
Supplies:							
Required Textbook(s):							
[author – title – ISBN # - publisher – cost]							
Anticipated "Lab Fee" total: \$/person. Includes:							
Honorarium Expectation: \$/hour, or \$/student, or "Other:"							